PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032

Under the Pa	perwork Reduction Act o	f 1995, no person are i	required to	U.S. Paten respond to a collectio	t and Tradema n of informatio	ırk Office; U.S. DEI ın unless it displa <u>y</u> s	PARTMENT ( s a valid OME	OF COMMERCE control number
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006				Complete if Known				
				Application Number 1		10/712,687		
				Filing Date N		November 12, 2003		
				First Named Inventor A		Akihiro MIWA		
				Examiner Name J.		J. Qin		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2	2837		
TOTAL AMOUNT OF PAYMENT (\$) 910.00				Attorney Docket	No. 3	393032041800		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of x Credit any overpayments								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		ILING FEES		ARCH FEES	EXAMIN	ATION FEES		
Application Ty	ype Fee (	Small Entity	Fee (\$	Small Entity	Fee (\$)	Small Entity	Eoos I	Paid (\$)
Utility	300		500	<u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	rees r	- aiu (\$)
Design	200		100	50	130	65		
Plant	200		300	150	160	80		
Reissue	300		500	250	600	300		
Provisional	200		0	0	000	0		
		100	U	v	. 0	U		Cmall Entity
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues) 50 25								
Each independent claim over 3 (including Reissues)								100
Multiple dependent claims 360 180								
<u>Total Claims</u>	Extra Claims	Fee (\$)	Fee F	aid (\$)	Mu	ltiple Depende	nt Claims	
	- 20 =	x =			<u>Fee</u>	<u>(\$)</u> <u>F</u>	Fee Paid (\$	១
Indep. Claims	Extra Claims	Fee (\$)	Foo F	aid (\$)				
	-3=	x =	1 66 1	ald (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 (round up to a whole number) x = =								
		0 fee (no small en	ntity disco	ount)			1 662	. 414 (4)
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Signature	pry			Registration No. (Attorney/Agent)	48,231	Telephone	(213) 89	2-5630
Name (Print/Type) Mehran Arjomand						Date June 21, 2006		
<u> </u>								